Arizona Department Of Health Services Regional Contractors Policy And Procedures Manual Office For Children With Special Health Care Needs Children's Rehabilitative Services 60.00 Grievance, Appeal, and Hearing

Letter #2

Non-quality of care grievance resolution (On Regional Contractor letterhead)

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy dificil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

DATE

(Name of person filing the grievance)
Address
City, State, Zip

RE: (CRS Member # & AHCCCS # if applicable)

Dear (Name):

We have looked at your complaint. We have found (or decided) . We have made this decision based on (*Please include the legal citations or authorities supporting the determination, if applicable.*)

Thank you for letting us know about your complaint. If you have questions, you may call me at (XXX) XXX-XXXX.

Sincerely,

Name and credentials Title

Cc:

Effective Date: 11/15/2007